



Photo: R. Witzig

New and Old Disease Threats in the Peruvian Amazon:

The Case of the Urarina

by Ritchie Witzig

An estimated 90% of Indigenous people in the Americas died after exposure to novel infectious diseases brought by Europeans—and over half the Indigenous groups once present in the Americas have become extinct. Biological extinction mandates cultural extinction, although in the modern era cultural loss may preclude physical extinction. Isolated Amazonian peoples that have managed to keep their culture and language intact remain at risk of biological and cultural extinction. The Urarina of the Peruvian Amazon are one group still struggling with increasing threats to their physical survival as a people.

The Urarina have lived in the Chambira and Urituyacu river basins for at least half a millennium. The word “Urarina” is thought to be derived from the Quechua root words of “people” and “below”—meaning the “people from below.” They call themselves “Kachá,” meaning “the people.” The Urarina have remained relatively isolated due to the remoteness of their settlements and by choice. The blackwater river basins where they live are supplied by a giant

aguajal, or swamp, providing insulation from any incursions from the north, east, and west. The Urarina are ecologically flexible, able to live both on the low-nutritional blackwater rivers or in the rainforest. They have resisted missionary influence and cultural integration (from colonists). All these factors may be the reason the Urarina speak a unique language, and have survived as a distinct people. However, in the present their traditional territory has been invaded, and they have yet to affiliate with any Indigenous rights group. Not surprisingly, the Peruvian government has not officially registered their lands.

Ritchie Witzig is an infectious diseases physician currently directing medical projects in the Amazon and Andean regions of Peru.

Incursions of “foreigners” (non-Urarinas) into Urarina traditional lands are currently from river

traders, loggers, colonists, oil exploration teams, and recently, "drug-voyeur" tourists. All of these groups have brought significant disease pressure on the Urarina that threatens their way of life and survival.

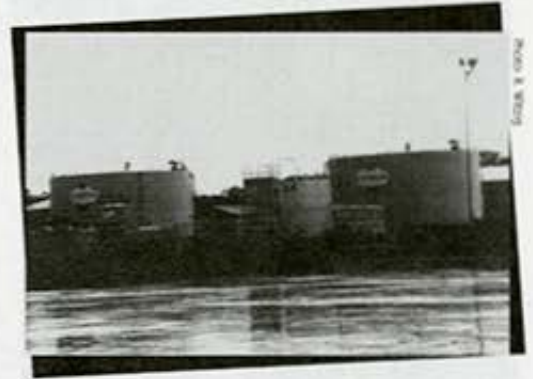
River traders, loggers, and colonists coming from Iquitos to exploit the Urarina and their land for natural resources are known to have transported two measles epidemics in the late 1980s and 1991. They certainly brought the cholera epidemic of September 1991 and October 1993 upriver from Iquitos, as well as dengue fever and different strains of gastrointestinal and respiratory diseases to which the Urarina have had no previous immunological exposure. The traders and colonists also bring in poor nutritional quality foods such as rice and sugar that are altering the diet in some Urarina villages. The Urarina traditional diet is high in protein which prevents malnutrition, even under the stress of several infections. Once their diet includes more refined foods, malnutrition and consequently disease morbidity (the rate of incidence of a disease) and mortality will probably increase.

The oil exploration and drilling teams are from Petroperu facilities bordering Urarina territory, but their personnel are imported from various areas in Peru. An oil pipeline crosses under the Chambira river just before the confluence of the Tigrillo, on its way from Trompeteros on the Corrientes to Saramuro on the Marañon. The pipeline then courses across the Andes to the Pacific. The northern section of this pipeline crosses Urarina land just north of the *aguajal* (swamp) supplying the water for their rivers. Petroperu has planned a huge Chambira oil drilling project in the center of Urarina land as soon as they receive startup moneys. The cultural, biological, and ecological effects on the Urarina will likely be devastating. Oil drilling teams are renowned for transporting new strains of malaria and sexually transmitted diseases into territories they exploit. The Urarina do not marry outside their

group and sexually transmitted diseases are not yet a problem among them. New strains of malaria, however, are currently decimating the Urarina peoples.

In the past two years, two Americans have arranged "jungle ecology tours" that include a two week trip up the Amazon and Marañon rivers, and recently the lower Chambira river. During the river tour, a "shaman" from Iquitos manufactures the sacred hallucinogenic *ayahuasca* (*Banisteriopsis caapi*) for the tourists to drink and "experience the jungle like the natives." Finally, they arrive in Urarina villages to "look at the Indians" and take pictures. Right after a tour in the spring of 1995, most of the children in one village which had been visited came down with a respiratory ailment requiring antibiotics to recover. This infection was most likely supplied by these "drug-voyeur" tourists from overseas. The Urarina are alarmed at this invasion, especially as they know the tour operators are armed with weapons and take drugs, effectively mocking the Urarina religious ceremonies. The affected villages organized to write a complaint to the Peruvian Ministries of the Interior and Tourism in Iquitos, and the American Embassy in Lima, demanding that the individuals responsible be barred from their lands.

In August 1992, a medical survey was initially conducted in Urarina territory. As the Urarina had previously never seen a physician, it took eight days before a four-year-old girl was brought forward in critical condition suffering from malaria, amoebic dysentery, and three types of worm infections. After she recovered, community members were interested in complementing their own sophisticated ethnobotanical medicines to prevent morbidity and mortality from new diseases. These maladies included mostly recently introduced diseases, such as the deadly cholera and malaria. Urarina communities suffered gravely from the introduction of cholera into the Chambira river system in September 1991 (cholera was reintroduced into South America in January 1991). Some communities



Petroperu operations on the Marañon.

...they arrive in Urarina villages to "look at the Indians" and take pictures. Right after a tour in the spring of 1995, most of the children in one village which had been visited came down with a respiratory ailment requiring antibiotics to recover.



"Delfin" boat with drug-voyeur tourists.



Children are especially at risk of dying from diseases like malaria.

reported population losses of up to 20%, an incredibly high population mortality rate even from this well-known disease that can kill in less than 12 hours. A second epidemic of cholera in the Chambira with significantly less mortality followed in October 1993 after village health workers had been trained to treat cholera.

Urarina communities also suffer from endemic vivax malaria, which still produces significant morbidity and contributes to mortality especially among children, pregnant women, and the elderly. Other important illnesses documented in Urarina communities in the initial 1992 survey were helminth infections, dysentery (amoebic and bacillary), and viral and bacterial respiratory infections.

After the initial medical survey was performed, the Urarina communities elected 3 village health workers (VHWs) who were then trained to diagnose and treat the most common medical illnesses. The VHW communities were provided medical supplies for their village as well as any surrounding Urarina community in need. VHWs and the Urarina people are encouraged to continue using and developing their own medical system for many ailments

which it can ameliorate. Further medical surveys from August to October 1993, February to April 1994, January to April 1995, and October to December 1995 revealed progressive disease threats, furthered training of the VHWs, and replenished medical supplies. When the second wave of cholera came up the Chambira, the VHWs were ready to give oral rehydration solutions and tetracycline to the sick. Only one fatal case was reported from the VHW villages after that outbreak.

The most recent disease threat to the Urarina has been the deadly *Plasmodium falciparum* malaria strain. Previously confined to small areas of Peru, in the last 5 years this strain has spread across most of northeastern Peru. It first appeared in the Urituyacu river system 2 years ago, and spread into the Chambira river from the Tigrillo river in 1995.

The Urarina region has been the most affected. The malaria research lab in Iquitos has identified a staggering 79% of all *P. falciparum* cases in July, August, and September 1995 to have originated from the main river systems in which the Urarina live (Chambira, Urituyacu, and Corrientes). However, these figures still underestimate the severity of the new malarial strain on the Urarina, since most of their cases are never reported. A further problem is that the new strain has grade II (two) drug resistance. While colonists on the lower Chambira and Tigrillo rivers are seeking the most effective drug treatment at medical posts on the Marañon and Amazon rivers, it is unavailable to the Urarina because of logistical and financial reasons. To illustrate the seriousness of the epidemic, the Urarina village of Tagual had 6 people (5 children and one pregnant woman) out of 80 die of the new strain the week before the last medical survey and supply trip arrived. All other Urarina communities experienced mortality from the new strain, although at a lower rate.

What is to become of the Urarina? The most negative spin on the future must be confronted as a potential reali-

ty. If the past is any measure regarding Indigenous peoples in Peru, the government will attempt to assimilate them into Peruvian society. Young Urarina men, for example, will be drafted to do their mandatory military service for "fatherland" Peru. Colonists will continue invading Urarina territory. Petroperu will drill in the Chambira oil field. Ecological destruction and introduced diseases will gradually decimate them.



Urarina man dying of cholera, treated for the disease just in time. Many people do not survive this treatable illness.

For the optimistic spin, the Urarina could remain where they are, in their own territory and self-sufficient. Since Peru is a signatory of the International Labor Organization Convention 169 which effectively advocates for the defense of Indigenous cultures, it could legally recognize their territory. This would lead to their self-determination, and the control of their own destiny.

Thankfully, a few optimistic signs have emerged for the Urarina. First, Peruvian anthropologists have succeeded in petitioning the Peruvian Department of Agriculture on their

behalf to conduct a population survey, the first step necessary for land titling. The survey is being conducted by the Peruvian NGO CEDIA (Centro Para el Desarrollo del Indigena Amazónico). The survey started in November 1995, with expected completion in late 1996 or early 1997. However, this is only a start. With the odds stacked against them, the Urarina will likely need political support from outside Peru or they will join the long line of extinct cultures and peoples left behind by the ongoing colonization of this continent.

Thanks to Rafael Meza, Lelis Rivera Chávez, José Morosco, Jorge Quintana Zurita, Luis Icomena, and Massiel Ascencios Linares for their contributions to Urarina self-determination and the Urarina medical project. To call attention to and protect the Urarina's territorial integrity:

Write the President of Peru, Alberto Fujimori, urging him to secure the Urarina and other Indigenous peoples' territorial rights and to stop destructive, invasive tourism into Indigenous peoples communities. Send your letters to Ministerio de la Presidencia, 4297 Paseo de la República, Lima 1, Peru.

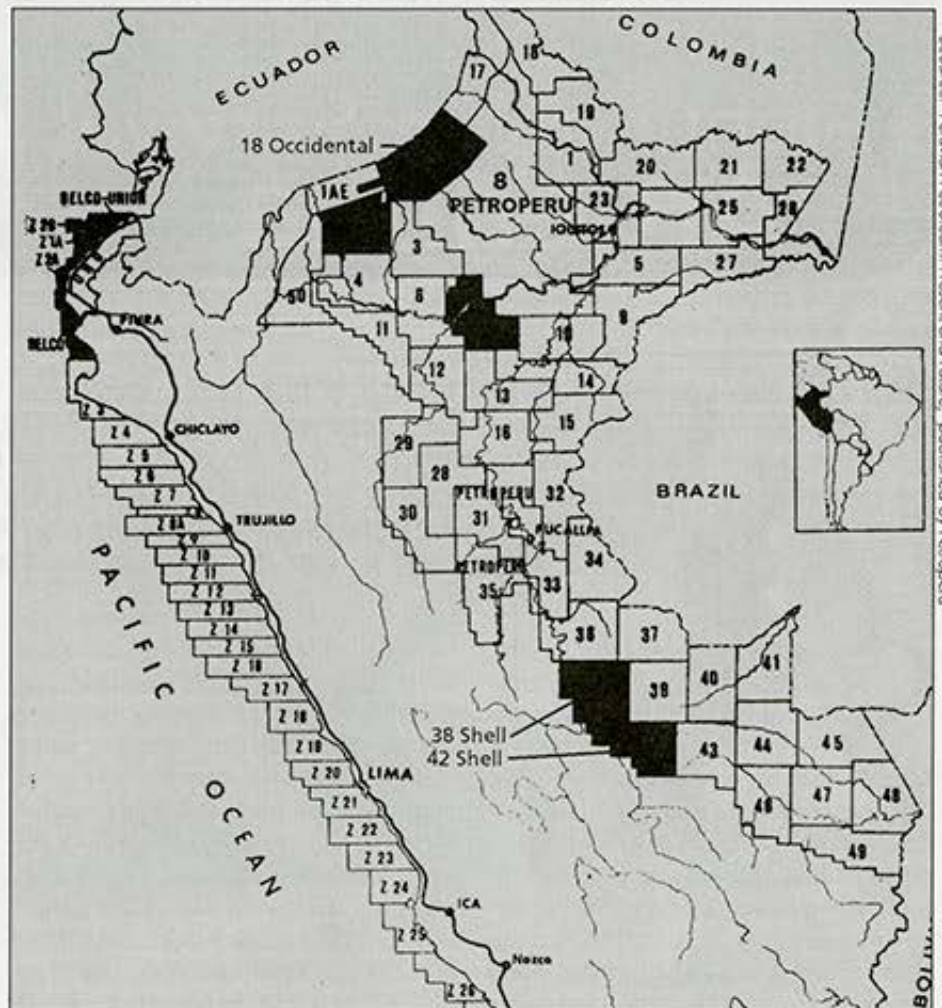
To protect Indigenous peoples from imported diseases:

If you are working with isolated Indigenous peoples (anthropologists, human rights workers, etc.), please confirm that both you and your local guides have all the necessary vaccinations and prophylactic medications. Any person participating in the project who is currently ill should either be left behind, or the project should be delayed until that person has recovered.

If you are engaging in ecotourism, please do not enroll in "exotic" tours promising to meet isolated peoples. There is no advantage for them to meet you. The tour operators are in business to make money. Tour operators have no incentive to prevent disease or improve health among these peoples. Please inform local Indigenous organizations or other adequate entities of tour operators operating under such conditions.



Map showing Urarina territory in the blackwater systems of the Chambira and Urituyacu. The rivers drain from a swamp to the north, helping to isolate the Urarina.



Selling off the rainforest, Petroperu displays its "Map of Areas for oil operation contracts and areas directly operated by Petroleos del Peru." Block 8 falls directly on top of the Urarina's territory.

Source: "Peruvian Petroleum: Present and Future," published by Petroperu